

# General Operating Support I Grant Program

## ***FY2006 Final Report***

**Deadline: July 30, 2006**

1. Grant Number:	Fiscal Year:		2006
2. Activity Dates	Begin:	07/01/2005	End: 06/30/2006
3. Grantee's Name			
4. Mailing Address			
5. City	6. State	7. Zip+4	
8. County	9. Federal ID #		
10. Phone Number	11. Fax Number		
12. Email Address			
13. <b>Contact Person</b> for this report			
14. Phone Number	15. Fax Number		
16. Email Address			
17. Number of Individuals who Benefited from this grant	Youth	Adult	
18. Dollar amount spent on Arts Education			
19. Number of Artist who Participated in this activity			
20. What counties do you serve?			
21. What other states do you serve (if applicable)?			
22. KAC dollars awarded for this activity leveraged \$	dollars from other sources		
23. List other sources:			

As you reach the conclusion of your General Operating Support I Grant funding period for FY 2006, please respond to the following self-assessment questions, on a maximum of two pages, placing your organization's name in the top right hand corner of the page.

**1. Impact/Evidence**

- What public value, or benefits to the community did you provide through KAC funding?
- Please provide supporting evidence of this impact (i.e. materials created, data gathered, financial records, etc.)
- Please describe any significant changes in operations, facility, or staffing which occurred during this grant period.

**2. Documentation and Credit**

- How did you satisfy the Kentucky Arts Council credit requirement? Attach copies of program, advertisements, newsletters, web site links, etc., containing the credit line and logo.

### **Grant Activity Financial Report**

Please attach a complete report of the activity income and expenses (one-page maximum), using the following format. Do not include in-kind contributions and expenses, although you may describe these in a budget note. If the actual figures differ substantially from the original budget, please explain in budget notes.

<b>Income</b>	<b>Original Budget</b>	<b>Actual</b>
Kentucky Arts Council General Operating Support I Grant		(grant amount)
Matching Funds (list each major source)		
<b>Total Income</b>		

<b>Expenses</b>	<b>Original Budget</b>	<b>Actual</b>
List each line item from the budget in your application.		
<b>Total Expenses</b>		

<b>Net / (Deficit)</b>		
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### **Mailing Address for Final Report**

Kentucky Arts Council  
Capital Plaza Tower  
500 Mero Street, 21<sup>st</sup> floor  
Frankfort, KY 40601-1987  
502-564-3757  
Toll Free: 888-833-2787

*I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink.*

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**All signatures must be in **RED** ink.**

Type Name \_\_\_\_\_ Title \_\_\_\_\_